



**COUNTY OF DEL NORTE**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

880 Northcrest Drive  
Crescent City, California 95531

Phone  
(707) 464-3191

Heather Snow, Director

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(707) 465-1783

**BOARD REPORT**

**DATE:** May 13, 2020

**AGENDA DATE:** May 14, 2020

**TO: DEL NORTE COUNTY BOARD OF SUPERVISORS**

**ORIGINATING DEPARTMENT:** Heather Snow, Director  
Health and Human Services

A handwritten signature in black ink, appearing to read "HS", with a wavy line extending to the right.

**SUBJECT:** Letter of Support

**RECOMMENDATION FOR BOARD ACTION:**

Consult with the Del Norte County Public Health Officer and take actions consistent with the Governor's Executive Order N-60-20 to allow the reopening of businesses and spaces in accordance with the Governor's Pandemic Roadmap in response to the COVID-19 pandemic including: Approving and authorizing the Chair to sign a letter supporting an attestation of the Public Health Officer that Del Norte County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of California's Roadmap to Modify the Stay-At-Home-Order.

**DISCUSSION/SUMMARY:**

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order, which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14th, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4th, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, Del Norte County has been less impacted. Through communication and collaboration across local sectors, at this time we are able to demonstrate an ability to

protect the public and essential workers, and believe we are in a position to adopt aspects of Stage 2 of California’s Roadmap. As directed by the Governor in Executive Order N-60-20, we have met the criteria and followed the procedures necessary in order to move more quickly than the state as a whole through Stage 2 of modifying the Stay-at-Home order, and request to safely move our community forward.

**ALTERNATIVES:**

Direct staff to modify the letter or do not provide a letter.

**FISCAL IMPACTS:**

Fiscal impacts of the COVID-19 pandemic are still being determined.

**CHILDREN’S IMPACT STATEMENT:**

**OTHER AGENCY INVOLVEMENT:**

County Administration and County Counsel were involved in the preparation of the letter. The County provided the Attestation Narrative to all four local federally-recognized tribes (Yurok Tribe, Tolowa Dee-ni’ Nation, Resighini Rancheria, and Elk Valley Rancheria) and received feedback from two. In addition, the County consulted with the City of Crescent City, Sutter Coast Hospital, Crescent City Skilled Nursing, and Del Norte Ambulance.

**SIGNATURES REQUIRED:**

None.

**ADMINISTRATIVE SIGN-OFF:**

AUDITOR:

COUNTY ADMINISTRATIVE OFFICER: Jay Sarina, YES

COUNTY COUNSEL:

PERSONNEL:

OTHER DEPARTMENT:



**COUNTY OF DEL NORTE  
BOARD OF SUPERVISORS**

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May 14, 2020

Dr. Sonia Angell  
State Public Health Officer and  
Director California Department of Public Health  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7337

Dear Dr. Angell,

Per the requirements defined by Dr. Angell in the May 7, 2020, *Variance to Stage 2 of California's Roadmap to Modify the Stay at Home Order: Guidance to County Governments*, the Del Norte County Board of Supervisors provides this letter of support for the written attestation submitted by Dr. Warren Rehwaldt, Del Norte County Public Health Officer, to the California Department of Public Health.

Sincerely,

Gerry Hemmingsen  
Chair, Del Norte County Board of Supervisors

cc: Dr. Warren Rehwaldt, Del Norte County Public Health Officer

# VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT-HOME ORDER



COVID-19 COUNTY VARIANCE ATTESTATION FORM

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FOR Del Norte County

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## Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14<sup>th</sup>, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4<sup>th</sup>, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

## Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the

relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov) to set up a time with our technical assistance team.

County Name: Del Norte County

County Contact: Dr. Warren Rehwaldt

Public Phone Number: 707-464-0861

**Readiness for Variance**

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

**Readiness Criteria**

To establish readiness for an increased pace through Stage 2 of California’s roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county’s progression through Stage 2. The county must attest to:
  - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

Del Norte County has 27,812 persons and has had four positive cases, the first occurring on 3/31/2020 and the last on 4/25/2020. All of the first three survived and are considered recovered. The fourth was reported this week, and is recovering at home. The case is still under investigation. As of 5/12/2020, the county has tested 476 patients. By these reports we have met the requirement for stable epidemiology. There is evidence that all of the first three cases, although reported over a span of 3 weeks may represent a single cluster, as the third case

- No COVID-19 death in the past 14 days prior to attestation submission date.

There have been zero COVID-19 related deaths in Del Norte County.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
  - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

In Del Norte County the key essential workers include hospital healthcare, skilled nursing healthcare, and EMS responders. We are in weekly contact with all three as well as healthcare facilities and law enforcement (LE) by virtue of a lifelines sitrep reporting process through the local EOC, medical and LE/fire operational branches of the EOC, and biweekly operational area meetings. These contacts are our current means of assessing needs for PPE and support protocols for staff, as well as need for hygiene and sanitization supplies. All agencies

- o Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

Please see above.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:

- o Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

Del Norte County has several testing sources, for both PCR and serology. The main source is through Sutter Coast Hospital, which has in-house PCR testing for SARS CoV 2 with a capacity of 96 per day. They also can forward PCR samples to a shared Sutter Health lab in Sacramento, with an expected result time of about 24-48 hours, and this capacity is limited by system-wide demand. In addition, we have access to Humboldt Public Health lab and could rely on processing of up to 20-25 tests daily. Some residents use the lab resource at Potawot

- o Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic

areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

Please see above.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
  - Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

Del Norte Public Health has fully investigated all of the three confirmed and recovered cases and at least one other highly suspect case, for contacts and direction of isolation and quarantine. There is a current investigation of our fourth case. The Health Officer and two Public Health Nurses were involved in the original investigations and are considered experienced. A contact tracing plan and teaching document, as well as a contact tracing policy have been incorporated and are available for use. The next step is to involve two

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.



Del Norte County has developed a working plan for homeless housing based on Project Roomkey templates. Currently, we have one local hotel in Crescent City with a current contracted maximum capacity of 20 rooms. There is a second hotel, with 49 rooms, that could be similarly contracted with when the need arises. The project is entirely scalable, including catered food service for high volume demand. Our last point in time measure gave us a homeless estimate of 254, and 15% of this is 38. Between the two hotels, we believe that we have more than

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
  - County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Sutter Coast Hospital is the only hospital in Del Norte County, and was originally licensed as a 49 bed facility. It has a Medical/Surgical unit of 24 beds, with capacity to create a 6 bed Telemetry wing within that unit. There is a 9 bed ICU, and 5 Labor and Delivery beds. It also has a 10 bed Acute Rehab wing. Normally it has 4 ventilators in the ICU. The Med/Surg wing has 2 rooms configured as negative pressure by design. Since the pandemic onset, four additional rooms have been configured to negative pressure status. As part of surge preparation,

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

As a Sutter Health affiliate and therefore part of the Sutter Health network of hospitals, the details of PPE and supply issues, as well as staffing support, guidance, and healthcare workforce reserve planning are part of the Sutter Health statement to CDPH. However, we should point out that public health and EOC staff, including the Health Officer, participated in many planning meetings for the local affiliate and we have firsthand knowledge of the extensive efforts to prepare for the pandemic response, and continues to meet with leadership of the

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
  - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs..

Del Norte County has one skilled nursing facility within its borders, Crescent City Skilled Nursing (CCSN) and is located in the city of Crescent City, CA The facility is licensed for 99 beds, and currently has about 70 residents, and 105 staff. The manager is Renee Porter. We are in regular contact with her, usually by phone or contact at regular OES planning meetings and she has kept us updated about her needs. She has also been in regular contact with the CDPH District Office in Santa Rosa, and they have monitored and inspected the planning that CCSN

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

The following excerpt is from a draft reopening timeline compiled by Public Health to guide economic planners representing our country. It has been adjusted to match the allowed items for Stage 2:

County Public Health and Del Norte County Office of Emergency Services

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Based on bed availability at our local hospital and expectation of prolonged LOS for hospitalized patients, we anticipate that our local facility could manage an average of up to 2.5 admissions a day for this disease, and up to 1 ICU admission per week, without adversely impacting overall hospital function. We also expect that extreme cases requiring advanced specialty care could potentially be transferred out of the area, but we will not count on this as a solution, as usual destination hospitals may be constrained from accepting transfers due

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State’s plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

Please see above.

### COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

#### Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Capacity and Access. As described in the attestation for variance, Del Norte has current capacity in place to test approximately 5/1000 individuals per day utilizing central lab tests; the majority of which are rapid response tests available at our local hospital. In addition, there is capacity to accommodate

### Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Two nursing staff are currently trained and practiced, having performed contact tracing on the positive cases (plus one suspected case) that Del Norte has already experienced. Two additional nursing staff will be trained as the next step, along with 5 department staff members. None have second language skills adequate for this, but the department has ready access to

### Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Del Norte County has one SNF, as described previously, one HUD based senior housing unit, which consists of independent apartments (about 40 persons) and one assisted living facility also with about 40 residents. The county jail has a capacity of about 100-120, currently at about 60. The maximum security prison at Pelican Bay is run by California Department of Corrections and

### Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

As detailed elsewhere, daily status reports are available for acute care and SNF for bed usage and capacity. PPE monitoring is done through the EOC and supply lines are currently intact for both facilities, with the exception of disposable gowns for the SNF. The SNF recently received an allotment of PPE for backup support directly from FEMA. All facilities can be backed by EOC.

### Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
- Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

Description. Local essential workforces include the hospital and other healthcare providers; emergency medical services; volunteer, state, and federal fire crews; city, county, and state law enforcement; city, county, and tribal governments; and a state correctional facility. Secondary essential workforces include essential business that have remained open during the

### Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

Farmworkers. Del Norte county has a substantial agriculture industry for its size, including a micro industry in raising lily bulbs which is extremely labor intensive. Many workers are Hispanic, and live in a small community near Smith River, CA. Access to health care is available, but often challenging for this group. Contact tracing and ensuring isolation in this group, if needed, is likely to be

## Community Engagement

- Has the county engage with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

In general, community engagement has been active, with a COVID-19 workgroup which began February 6, 2020 and has continued since then with weekly sessions. Multiple other workgroups have been active, tackling various aspects of the planning. Many have been linked to EOC functions.

## Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

The relationship with our border counties has taken new directions under the influence of the pandemic. Our closest partner is and always has been Humboldt County, as the direct travel between the two counties is more frequent in normal times than other neighbors such as Siskiyou and Trinity. Humboldt County is also our Healthcare Coalition partner. Additionally, we

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov)

I WR, hereby attest that I am duly authorized to sign and act on behalf of Del Norte. I certify that Del Norte has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Del Norte, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name Warren Rehwaldt

Signature \_\_\_\_\_

Position/Title Public Health Officer, Del Norte County

Date May 13, 2020

## Narrative for Attestation-

### Draft Epidemiology.

Del Norte County has 27,812 persons and has had four positive cases, the first occurring on 3/31/2020 and the last on 4/25/2020. All of the first three survived and are considered recovered. The fourth was reported this week, and is recovering at home. The case is still under investigation. As of 5/12/2020, the county has tested 476 patients. By these reports we have met the requirement for stable epidemiology. There is evidence that all of the first three cases, although reported over a span of 3 weeks may represent a single cluster, as the third case was tested very late in the course and had symptoms beginning close to the time the other two cases were diagnosed. It is not yet known if the fourth case is related.

### Protection of Stage 1 Essential Workers

In Del Norte County the key essential workers include hospital healthcare, skilled nursing healthcare, and EMS responders. We are in weekly contact with all three as well as healthcare facilities and law enforcement (LE) by virtue of a lifelines sitrep reporting process through the local EOC, medical and LE/fire operational branches of the EOC, and biweekly operational area meetings. These contacts are our current means of assessing needs for PPE and support protocols for staff, as well as need for hygiene and sanitization supplies. All agencies have sent supporting statements to assure that their organizations and staff have met the terms of the attestation for PPE availability. Shortages of additional supplies have been infrequent, and managed through EOC processes. (see attached email copies).

In general we have provided references to state and Federal guidance documents regarding protocols for worker and workplace environment protection-we have deferred attempting to create our own guidance, mostly because the higher level public health guidance is readily available, and the frontline organizations have been proactive in managing their needs. The local ambulance company and fire and rescue have worked with the local LEMSA to maintain current guidance availability, and the hospital has been very aggressive in following guidance as new recommendations emerged, and the Health Department has been involved in their high level planning meetings for almost two months. With the opening of non-essential establishments we anticipate additional need to have a higher level of reference capacity-much of the needed guidance documentation has been incorporated in a planning guidance packet devised by the Economic Resiliency team. We anticipate posting of these and guidance references for essential work environments to our own website.

### Testing Capacity

Del Norte County has several testing sources, for both PCR and serology. The main source is through Sutter Coast Hospital, which has in-house PCR testing for SARS CoV 2 with a capacity of 96 per day. They also can forward PCR samples to a shared Sutter Health lab in Sacramento, with an expected result time of about 24-48 hours, and this capacity is limited by system-wide demand. In addition, we have access to Humboldt Public Health lab and could rely on processing of up to 20-25 tests daily. Some residents use the lab resource at Potawot



Health Village in Arcata, CA which also does in-house testing for its Native American clientele, again, limited by local demand. Finally, the local clinics have limited capacity to obtain tests through Quest and LabCorp. For the week between Friday 4/24/2020 and 5/1/2020, 81 tests were done, with an average of 11.6 per day. However, we clearly have capacity to obtain well over the required 1.5/1000 residents

Our testing volume reflects more a lack of demand as flu and flu-like illness season has largely ceased in Del Norte County, and some tests are being done for Del Norte residents at Curry General Hospital in southern Oregon. We believe that the lack of confirmed tests and relatively low demand indicates that we most likely have very little current disease transmission. Since Sutter Coast is centrally located, over 75% of residents can access the facility within 1 hour. The most difficult drive is either from small communities along the South Fork of the Smith River, or the communities in and nearby Klamath Glen, on the lower Klamath River in the south end of the county.

We have not made a push to fully develop surveillance capacity, largely because of the logistics and lack of readily obtainable testing supplies until very recently. We also put any plans on hold once we learned of OptumServe and the planned rollout of testing to afford availability to all residents in California, particularly creating a site within a 60 minute drive in rural areas. As it now appears that this will not be made available to Del Norte directly, we have explored the option of helping Humboldt County to expand their site in a way that could be shared with ourselves and another underserved county (Trinity) adjacent to Humboldt to the east. If this plan is not feasible, we will proceed with exploring our own surveillance strategy, to include PCR wastewater testing as a community wide means of testing in Crescent City (which has already been contracted) and at Pelican Bay State Prison, under the direction of CDCR. In addition we will develop a local PCR testing site, utilizing a model similar to OptumServe.

### Containment Capacity

Del Norte Public Health has fully investigated all of the three confirmed and recovered cases and at least one other highly suspect case, for contacts and direction of isolation and quarantine. There is a current investigation of our fourth case. The Health Officer and two Public Health Nurses were involved in the original investigations and are considered experienced. A contact tracing plan and teaching document, as well as a contact tracing policy have been incorporated and are available for use. The next step is to involve two additional health nursing staff, a projected 5 additional Public Health department staff, and 2 members of the District Attorney's office with in-house training, as needs increase, and/or when the state training program is fully developed. Current and projected capacity is well above the expectation of need for a small county. Even by the calculation of 15 staff/100,000, our nursing staff, when all are trained and experienced, will meet the calculated standard.

Del Norte County has developed a working plan for homeless housing based on Project Roomkey templates. Currently, we have one local hotel in Crescent City with a current contracted maximum capacity of 20 rooms. There is a second hotel, with 49 rooms, that could

be similarly contracted with when the need arises. The project is entirely scalable, including catered food service for high volume demand. Our last point in time measure gave us a homeless estimate of 254, and 15% of this is 38. Between the two hotels, we believe that we have more than sufficient capacity to meet this requirement. We also designed this project with other capacity in mind, for isolation/quarantine and even low acuity convalescence if needed, for others affected by the impact of the disease, and our plan documents reflect this design.

## Hospital Capacity

Sutter Coast Hospital is the only hospital in Del Norte County, and was originally licensed as a 49 bed facility. It has a Medical/Surgical unit of 24 beds, with capacity to create a 6 bed Telemetry wing within that unit. There is a 9 bed ICU, and 5 Labor and Delivery beds. It also has a 10 bed Acute Rehab wing. Normally it has 4 ventilators in the ICU. The Med/Surg wing has 2 rooms configured as negative pressure by design. Since the pandemic onset, four additional rooms have been configured to negative pressure status. As part of surge preparation, the hospital has created a stepwise surge capacity plan that currently involves increasing ventilator capacity to 18, with the potential for 10 additional "retired" ventilators that are being refurbished. By using post-operative care space and other surgical care options as well as utilizing adjacent outdoor space with a tent ward, the maximum capacity is approximately 70 beds. In effect, depending how beds are assigned, the hospital can more than double its normal bed capacity that would be available for acute respiratory infection and its consequences. This number easily exceeds the 35% requirement.

As a Sutter Health affiliate and therefore part of the Sutter Health network of hospitals, the details of PPE and supply issues, as well as staffing support, guidance, and healthcare workforce reserve planning are part of the Sutter Health statement to CDPH. However, we should point out that public health and EOC staff, including the Health Officer, participated in many planning meetings for the local affiliate and we have firsthand knowledge of the extensive efforts to prepare for the pandemic response, and continues to meet with leadership of the hospital on a weekly basis. They have undertaken very robust measures to assure adequate staffing, staff training, and PPE supplies.

## Vulnerable Populations

Del Norte County has one skilled nursing facility within its borders, Crescent City Skilled Nursing (CCSN) and is located in the city of Crescent City, CA The facility is licensed for 99 beds, and currently has about 70 residents, and 105 staff. The manager is Renee Porter. We are in regular contact with her, usually by phone or contact at regular OES planning meetings and she has kept us updated about her needs. She has also been in regular contact with the CDPH District Office in Santa Rosa, and they have monitored and inspected the planning that CCSN has done to prepare for COVID 19 cases. She has reported adequate supplies of PPE currently, and has taken great pains to assure proper training for her staff. In addition to the above, Public Health has done local facility walk through to help management assess their needs and to understand planning. Please see attached email text for current details of

PPE, supply lines and staffing reserves.

Del Norte County also has a significant Native American population. Native Americans suffer high rates of chronic health conditions that make them particularly vulnerable to infection with SARS-CoV-2. Based on a census of the patients using United Indian Health Services (UIHS) just over 60% of the tribal population has co-morbidities that place them at high risk for severe illness from COVID-19.

#### Sectors and Timelines

The following excerpt is from a draft reopening timeline compiled by Public Health to guide economic planners representing our country. It has been adjusted to match the allowed items for Stage 2.

## **COUNTY OF DEL NORTE**

DEPARTMENT OF HEALTH AND SOCIAL  
SERVICES

400 L Street Crescent City,

California 95531

(707) 464-0861 - Fax (707) 465-6701

**Heather Snow, Director**

Warren Rehwaldt, M.D., Health Officer

County Public Health and Del Norte County Office of Emergency Services

Del Norte County would like to begin a strategic plan for reopening of the county in phases. Support from our communities, social obligation and personal responsibility is critical for the success of the reopening plan. The safety and health of Del Norte County residents is the most important decision-making guide during the COVID-19 response and remains our number one priority.

Upon Governor Newsom's authorization, Del Norte County will implement the following guidelines in steps to begin the process of reopening businesses and social

functions interrupted by the pandemic. As of 5/11/20, Del Norte County has 3 confirmed cases, all of which have recovered. We have not received any new positive cases in the last 16 days.

## **The Reopening Plan for Del Norte County**

### **Standard Guidelines**

#### **All residents and visitors must adhere to these guidelines:**

- Proper social distancing with 6 feet of space between one another in public.
- Washing hands frequently and thoroughly.
- Staying home if sick or not feeling well.
- Proper and suitable sanitation practices and protocols are followed at all facilities.
- All residents 65 or older or having underlying health conditions should continue to self-isolate (“shelter-in-place”).
- No large gatherings where proper social distancing cannot be maintained. Public gatherings over 10 persons not allowed.
- Facial coverings are mandatory in public settings, whenever possible to be used.

#### **Stage 1 – Safety and Preparedness-April-May, 2020 and Continual**

- Follow **Standard Guidelines**
- Anyone who is feeling ill should stay home.
- Continue social distancing when in public; maximize physical distance from others (at least six feet).

- Wash hands, use hand sanitizer, cleaning frequently touched surfaces, covering coughs and sneezes, consider wearing facial coverings when in public.
- Gatherings should be limited to 10 people or less.
- Residents are encouraged to participate in outdoor recreation activities daily.
- Vulnerable (high-risk) individuals are strongly encouraged to stay home. Households with vulnerable members should take precautions to protect the vulnerable household members.
- Elective surgeries may resume service under the advised guidelines and current recommendations from CDC and CDPH.
- Skilled Nursing Facilities and Long-Term Care Facilities:
  - Restrict all visitations except for certain compassionate care situations, such as end of life situations.
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
  - Cancel all group activities and communal dining.
  - Implement active screening of residents and HCP for fever and respiratory symptoms.
- Non-essential travel is strongly discouraged.
- Those traveling to Del Norte County for the purpose of staying in a second home must quarantine for 14 days upon arrival.
- Residents currently living in the county equal to or older than 65 years of age, or residents with underlying health conditions are mandated to stay in their place of residence and must at all times follow the above **Standard Guidelines** to the greatest extent feasible. Such residents may leave for essential services only.
- The CDC and Del Norte County Public Health are recommending that residents wear facial coverings while in public in an effort to prevent transmission of COVID-19.

## **Triggers to transition into Stage 2**

- Hospitalization and ICU trends are stable.
- Hospital surge capacity to meet demand.
- Sufficient PPE supply to meet demand.
- Sufficient testing capacity to meet demand.
- Contact tracing capacity county-wide.
- Isolation / quarantine guidelines are in place.
- Support for those who are isolated or exposed.

Workplaces have available their individual plan to meet the standard guidelines Plan should be available upon request. If listed as a plan requirement, all employees must wear a suitable mask during employment.

### **Stage 2-Cohort 1-- Lower Risk Workplaces, Supportive Workplaces (tentative May 8, 2020)**

- Businesses considered low-risk (retail stores with curbside pickup, manufacturing to support such stores) may open but must be able to adhere to the above **standard guidelines** and develop a written plan showing how the business will execute those guidelines. Plan should be available upon request.
- [All businesses anticipating reopening during any Stage must follow guidelines as above and as appropriate to their industry, and/or California Department of Public Health (CDPH) guidance, when available.]

### **Stage 2-Cohort 2 Moderate Risk Workplaces-May 15 to June 3**

- Clothing-thrift stores, and fashion stores can reopen with limits on customers per hour, with social distancing in lines and entrances. In-store fittings would be discouraged, and home fittings that are returned would be shelved for a minimum of 3 days. “Phone” shopping would be encouraged. Thrift donations should be set aside and “aged” at normal temperature and humidity for at least 5 days to avoid persistent virus contamination. .

- Furniture stores can re-open with appointment only and social distance-no sales from the floor; warehouse only, unless a floor item can be held in the warehouse for at least 5 days.

- Auto dealers-can resume sales, with appointments only and social distancing design of offices and showrooms. Social distance rules to be applied both inside and outside.

- Daycare can resume with protective masks for staff. Recommend smallest management groups in shared space, with child group cohorts.

- Golf courses, non-congregate portions of public parks and trails may open, but services are limited and social distancing strictly maintained.

- Office-based business to reopen (telework still encouraged whenever possible)

- Landscape gardening, pet grooming and tanning facilities can resume with guidance by CDPH/industry standards related to COVID-19 in place.

Indoor dining-to resume as per CDPH guidance documents. In addition, restaurants may continue or initiate outdoor dining capacity, following the same guidance.

- Stage 2-Cohort 2 ; most likely 2-4 weeks operational experience before moving to Stage 2-Cohort 3. All Stage 1-2 transition Triggers must continue to remain intact.

### **Stage 2-Cohort 3- Moderate Risk Workplaces-June 3 to June 17**

- Destination retail to open-follow CDPH guidelines for safe operation.

- Car washes can open with proper guidance.

- Dental services and routine ancillary medical services may resume open service under the advised PPE guidelines and develop a written plan showing how the business will execute those guidelines. Recommend following professional association guidelines.

Planning for schools to reopen begins

- Summer schools, vacation schools can re-open, with small cohort groups, and following guidance from CDPH documents and/or CDC and industry recommendations.

## Tribal businesses

- Tribal-owned businesses located within the reservation are subject to the jurisdiction of the respective tribal government. The County will work cooperatively with Tribal officials to support re-opening and monitoring of Tribal-owned business located on-reservation when requested by the Tribe and notified they are ready to reopen, e.g., tribal government casinos, with tribal-imposed limits on occupancy and adherence to a tribal health and safety protocol reasonably similar (but not identical) to the County's Stage 2 protocols. Monitoring will be subject to the jurisdictional limits of the County.



## Triggers for Adjusting Modifications

Based on bed availability at our local hospital and expectation of prolonged LOS for hospitalized patients, we anticipate that our local facility could manage an average of up to 2.5 admissions a day for this disease, and up to 1 ICU admission per week, without adversely impacting overall hospital function. We also expect that extreme cases requiring advanced specialty care could potentially be transferred out of the area, but we will not count on this as a solution, as usual destination hospitals may be constrained from accepting transfers due to local disease activity.

Reports of excess of either of these metrics for more than 3 days would prompt methods review and for more than 5 days, would prompt modification. Such modification would be driven by case contact results, as identifiable venues or business types that seemed to be the location for transmission would be modified first. As a general rule, modification would mean decreased business activity, or closure, unless a specific deficit in business plan implementation was identified. In the event that no focal source could be found among new cases, modifications would be done community wide, and would depend on what is currently active at the time. The most recent "relaxation" would be closed first, if the time interval since relaxation was long enough to account for an increase in disease activity. Barring that, the most likely sources among the allowed activities in Stage 2 would be dining in and children's camps and vacation schools, as these have the higher risk scores. For a sharp surge in cases that threatens the system as a whole, modifications could include orders to return to Stage 1 status. A sharp surge is broadly defined as disease activity that increases

to the point that 6 or more admissions for COVID 19 happen on 3 consecutive days, or 20 admissions in any 4 day period. As part of moving to Stage 2 variance, Health Officer orders would be prepared to cover limitations or closure of specific businesses, specific business types, specific Stage 2 categories and all of Stage 2 implementation strategies.

Monitoring for such changes are already in place, as the local hospital and SNF file local daily bed count reports and the activities are reviewed weekly at EOC meetings. As noted above, the Health Officer also regularly participates in the hospital leadership meeting that currently is one time a week, but was as frequent as daily, during the early part of the pandemic. Reporting of such changes would represent a cluster, and would need to be immediately reported to CDPH "Warmline" or the CDPH Duty Officer. In addition, if modification measures are undertaken for a lower level of concern in case activity would be similarly reported and consultation sought.

## Narrative for Containment

### TESTING

**Capacity and Access.** As described in the attestation for variance, Del Norte has current capacity in place to test approximately 5/1000 individuals per day utilizing central lab tests; the majority of which are rapid response tests available at our local hospital. In addition, there is capacity to accommodate Del Norte residents at an OptumServe site in adjacent Humboldt County (our healthcare coalition partner), and we are currently in discussion with Humboldt and the Testing Task Force about expanding that site to assist adjacent counties and tribal lands. This resource, in particular, is best suited for surveillance testing of asymptomatic and mildly symptomatic persons. If it is determined that we cannot utilize an OptumServe site for epidemiological surveillance, Del Norte County will purchase the needed equipment and implement a similar facility locally through the Operations section of the Emergency Operation Center with oversight by Del Norte Public Health.

Through currently-available testing sites, we believe that we have adequate diagnostic testing access in all parts of the county. Some areas are more challenging than others, but access is possible.

Contractual relationships have not proven to be necessary. Sutter Coast Hospital has access to all resources of Sutter Health, and as an acute care facility, is open to testing of all persons in the county. The Public Health Officer has an excellent relationship with the leadership of the hospital by virtue of being on staff at the facility for 28 years, and currently serving as a hospital board member. In addition, our Public Health Department has a good working relationship with Humboldt Public Health Lab, based on prior events. We have also established and maintained contact with medical personnel at Pelican Bay State Prison, and are aware of their situation.

**Additional Surveillance.** An additional short-term goal is to eventually develop POC antigen testing as a tool for surveillance, as this is more scalable to immediate need and involves less expense and time. Furthermore, the County has engaged with Crescent City administration to contract with BioBot, a company which performs sewage PCR testing for population disease activity analysis. The initial set of test kits has been ordered and testing will begin this month with funding already allocated to continue that service through September at a minimum. While many rural homes within Del Norte County are on septic systems and therefore would not be included in this assessment, the two most population-dense regions in the county (Crescent City proper and adjacent neighborhoods which are part of community service area, and Pelican Bay State Prison), would be assessed and represent approximately 50% of the total county population.

Lastly, we are planning to initiate a random sample of the population utilizing serology (projected date in late June or early July) to establish a disease activity baseline. This would be followed up with ongoing serology monitoring.

## **CONTACT TRACING**

Two nursing staff are currently trained and practiced, having performed contact tracing on the positive cases (plus one suspected case) that Del Norte has already experienced. Two additional nursing staff will be trained as the next step, along with 5 department staff members. None have second language skills adequate for this, but the department has ready access to translators and they will be trained as well. We anticipate, based on current and previous discussions, that the local tribes will wish to provide their own staff to participate in contact tracing training as well. The Yurok Tribe has already had discussions with us about this very issue. The simplest method for this expanded group will be to enroll them in the state led training when it becomes available. We believe that this group would be sufficient for small outbreaks or clusters.

If a larger outbreak occurred we anticipate aligning with the state led contact tracing support staff. We are a small county, and extra staffing positions may not be feasible without state support. Furthermore, we have identified over 20 medically trained volunteers through Disaster Healthcare Volunteer registrations and each of these individuals are being contacted to understand their availability and prior training. Based on availability and experience, some of these individuals may be asked to assist with this endeavor as well.

For contacts that need isolation away from the home environment please refer to the description of the hotel project based off of Project Roomkey described in the other document as we have designed this as a multipurpose program, to include even convalescence cases.

## **PROTECTING THE VULNERABLE**

Del Norte County has one SNF, as described previously, one HUD based senior housing unit, which consists of independent apartments (about 40 persons) and one assisted living facility also with about 40 residents. The county jail has a capacity of about 100-120, currently at about 60. The maximum security prison at Pelican Bay is run by California Department of Corrections and Rehabilitation and has a current inmate population of about 2,600-approximately 10% of inmates at any given time might be considered high risk based on medical conditions.

All the above have unique advantages-first there are no current cases among residents in any of these facilities. The SNF resident population is well below maximum and they have the capacity to convert their dining area to a sequestered environment with no air exchange to the rest of the building. They have already designed a plan for a cohorting ward in the facility for COVID-19 treatment. The county jail is currently at a very low census. The facility has capacity to house 10 inmates in a negative pressure section, if needed, for isolation or quarantine. The HUD based housing is adjacent to the Senior Center, but not directly attached, and all the apartments can and do receive delivered meals to isolated residents. The assisted living facility has a plan to house workers onsite, to manage patients and continue isolation as needed. The prison has been quarantining new arrivals, and the volume of prisoner transfers has dropped

considerably, as only those who have had to appear in courts elsewhere in the state are being returned, and are quarantined on site for 14 days.

Sheltering options are very limited in our county-we have run hotel accommodations for homeless with mental health issues for several years, and there have been several attempts to create sustainable shelters among private non-profit organizations, but without consistent success. We have one faith based organization that offers some meals and some brief sheltering for extreme temperature and weather.

All facilities have access to testing at the locations described elsewhere. The prison system has a state system capacity for testing. We believe that the combined resource of the community testing capacity is sufficient to meet the needs of any single or combined facility outbreak.

### **ACUTE CARE SURGE**

As detailed elsewhere, daily status reports are available for acute care and SNF for bed usage and capacity. PPE monitoring is done through the EOC and supply lines are currently intact for both facilities, with the exception of disposable gowns for the SNF. The SNF recently received an allotment of PPE for backup support directly from FEMA. All facilities can be backed by EOC resources if needed. Currently, based on low disease activity, the hospital is not testing all admissions. The hospital has a well designed worker exposure program, which is also detailed in the Sutter Health statement to CDPH.

### **ESSENTIAL WORKFORCES**

**Description.** Local essential workforces include the hospital and other healthcare providers; emergency medical services; volunteer, state, and federal fire crews; city, county, and state law enforcement; city, county, and tribal governments; and a state correctional facility. Secondary essential workforces include essential business that have remained open during the shelter in place order.

**Information Distribution.** Information on protecting these workforces and implementing safe practices has been provided in the form of relevant publications from the California Department of Public Health, Center for Disease Control, and the World Health Organization.

Communication with the primary essential workforce occurs through email distribution lists specific to sector and biweekly virtual operational area (OA) meetings. Recordings of these meetings and their associated slide deck are distributed following the meeting to ensure that everyone has access to the information, even if unable to attend the meeting (see attached samples).

Information is provided to the secondary essential workforce primarily through the Economic Resiliency Task Force arm of the Emergency Operations Center (EOC). This task force also

provides sector- and issue- specific webinars to local business owners. Additionally, information is posted to or linked to the Office of Emergency Services webpage, [www.preparedelnorte.com](http://www.preparedelnorte.com).

**Supply Procurement and Distribution.** The Logistics branch of the EOC assists both the primary and secondary essential workforces with supply procurement. A vetted vendor list (see attached) has been developed and is updated regularly. If supplies are unable to be obtained commercially, Logistics works with these agencies and organizations to place orders with the State through either the MHOAC or CalEOC program, as appropriate. Supplies are delivered by the State to the OES cache, and a supply unit arm of the EOC delivers these goods to the requestor. Supply chain issues, both current and anticipated, are regularly discussed at the virtual OA meetings.

**Disease Surveillance, Quarantine, and Isolation.** Testing can be done as needed by direction of an employee's provider, and on some occasions as directed by Public Health. Access to our department for such purposes is fairly easy to achieve as there is a 24 hour phone line. As described elsewhere, access to quarantine or isolation is built into the hotel housing project. This project is, in part, supported by the State's Housing for Healthcare Workers program.

### **SPECIAL CONSIDERATIONS**

**Farmworkers.** Del Norte county has a substantial agriculture industry for its size, including a micro industry in raising lily bulbs which is extremely labor intensive. Many workers are Hispanic, and live in a small community near Smith River, CA. Access to health care is available, but often challenging for this group. Contact tracing and ensuring isolation in this group, if needed, is likely to be more difficult. Contact between the EOC and all six (6) identified ag employers was initiated in March in order to gain a better understanding of the conditions of each work site, as well as education and planning related to COVID19 that is occurring at those locations. Public Health has taken initial steps to reach out to community spokespersons, and Spanish translation capacity is available on staff and through volunteer support. As additional agribusiness opens this group will need extra attention.

**Elder Populations.** Voter records indicate that approximately 20% or 5,000 residents within Del Norte are age 65 or older. The County has formed a partnership, through the mass care and shelter branch of the EOC, with True North Organizing Network. A local effort is being spearheaded by this group called Neighbors Together for Good, and the work is being funded through a local foundation. The primary focus of "Neighbors" is to support at-risk populations, especially the elderly, by providing shopping and socialization support.

**Tribal Engagement.** The Office of Emergency Services and Public Health work diligently with the four federally-recognized tribes which have lands at least partially located within Del Norte's operational area. Tribal representatives are invited to all OA meetings and information is distributed to them along with other response partners. United Indian Health Services (UIHS) is the multi-tribe Native American health service system in Del Norte and Humboldt counties, and

has been included in med/health conversations and supplies for them are supported through EOC Logistics.

## **COMMUNITY ENGAGEMENT**

In general, community engagement has been active, with a COVID-19 workgroup which began February 6, 2020 and has continued since then with weekly sessions. Multiple other workgroups have been active, tackling various aspects of the planning. Many have been linked to EOC functions.

Public Health has been active with frequent PSAs for the community in a multilingual print format and update bulletins for the provider groups, as well as weekly appearances on radio broadcast in conjunction with the lead EOC Public Information Officer. The Health Officer has also participated in multiple town halls sponsored by state and local elected officials concerning the outbreak and has maintained direct contact with both acute care and SNF facilities.

The EOC has a dedicated PIO team which assists in promoting local, state, national, and international COVID-19 information through radio, print news, social media, and trap line (billboards at common community areas i.e. grocery stores) outreach.

## **SURROUNDING COUNTIES**

The relationship with our border counties has taken new directions under the influence of the pandemic. Our closest partner is and always has been Humboldt County, as the direct travel between the two counties is more frequent in normal times than other neighbors such as Siskiyou and Trinity. Humboldt County is also our Healthcare Coalition partner. Additionally, we have established a new level of relationship with nearby counties by virtue of shared issues and goals, and a new local health officer group of which all four counties are members has formed - Rural Association of Northern California Health Officers (RANCHO). We now also include a new level of interaction with Curry County, to our immediate north. We have information exchange established, as our third case was tested in Oregon and reported to us from there.

As noted above, Del Norte County is home to four tribes with their own tribal governments. The Yurok Tribe has issued a Closure Order for its Reservation, part of which is located in the southern Del Norte County. The County has reached out to each local tribe regarding collaboration and support between the County and the local tribes. Del Norte County intends to continue these relationships moving forward.